## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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(Date

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/580 659 05/26/2006 5027 Andrea Pastorello 50204/018001 TITLE OF INVENTION: COMPOSITE STRUCTURES CONTAINING HYALURONIC ACID THE DERIVATIVES THEREOF AS NEW BONE SUBSTITUTES AND GRAFTS

	AFFLIN. 11FE	SMALLENTITI	BAOB PER DUE	FORLICATION PER DOE	PREV. PAID ISSUE PEE	TOTAL PEE(S) DUE	DALEDUE	
	nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/15/2010	
	EXAM	EXAMINER ART UNIT		CLASS-SUBCLASS				
	KOSAR, AARON J 1651		1651	424-423000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SR/1/22) attached.				For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,		eys 1 Clark &	Clark & Elbing LLP	

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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fidia Advanced Biopolymers S.R.L.

Abano Terme, Italy

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Composition or other private group entity 🚨 Government

4a. The following fee(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) S Issue Fee A check is enclosed.

Display Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-2095 (enclose an extra copy of this form). Advance Order - # of Copies

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Date March 15,2010 Sugar M. Michaud Authorized Signature \_\_\_ Susan M Michaud Ph D Registration No. 42,885 Typed or printed name \_\_\_\_

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